Superannuation lump sum pre-payment statement

Warning: This form has been designed to assist you to prepare the Australian Tax Office's Superannuation lump sum pre-payment statement. It cannot be lodged with the Australian Tax Office and should not be given to fund members.

PART 1 – SUPERANNUATION PROVIDER TO COMPLETE

Section A: Superannuation provider details

1 Superannuation fund, ADF, RSA or annuity provider name

2 Postal address

Suburb/town/locality

State/territory Postcode

3 Australian business number (ABN) or withholder payer number

4 Authorised contact person

Title: Family name

First given name

Other given names

5 Daytime phone number (include area code)

Section B: Member's details

6 Your full name

Title: Family name

First given name

Other given names

7 Current postal address

Suburb/town/locality

State/territory Postcode

8 Date of birth

Section C: Superannuation lump sum payment details

9 Lump sum payment is calculated to this date

10	Superannuation	lump sum	components
----	----------------	----------	------------

Taxable component

	Taxed element	\$
	Untaxed element	\$
	Tax-free component	\$
	Total amount	\$
11	Preservation amounts of	the superannuation lump sum
	Preserved amount	\$
	Restricted non-preserved	\$
	Unrestricted non-preserved	\$
	Total amount	\$

Section D: Superannuation provider's signature

- 12 Date the statement is issued to the member
- 13 Member is to return statement by
- 14 Superannuation fund's, ADF's, RSA's or annuity provider's signature

Date

PART 2 – MEMBER TO COMPLETE

Section E: Cash amount

1 Pay me a gross cash amount of: \$

I understand that this amount may be subject to tax.

You may wish to speak with a tax professional or your superannuation fund, ADF, RSA or annuity provider to make sure you are aware of your tax obligations and superannuation roll over options.

Section F: Rollover payment

- 2 Roll over my payment to: (provide the full name of fund, RSA or annuity provider)
- 3 Fund ABN
- 4 Superannuation fund, ADF, RSA or annuity provider postal address:

Suburb/town/locality

- 5 Member account number
- 6 Roll over an amount of: \$

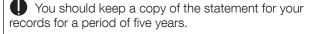
Section G: Member's declaration

I authorise my superannuation lump sum to be paid as instructed on this statement.

Name (print in block letters)

Signature

Date



Warning: This form has been designed to assist you to prepare the Australian Tax Office's Superannuation lump sum pre-payment statement. It cannot be lodged with the Australian Tax Office and should not be given to fund members.

State/territory Postcode

Superannuation lump sum pre-payment statement

Warning: This form has been designed to assist you to prepare the Australian Tax Office's Superannuation lump sum pre-payment statement. It cannot be lodged with the Australian Tax Office and should not be given to fund members.

PART 1 – SUPERANNUATION PROVIDER TO COMPLETE

Section A: Superannuation provider details

1 Superannuation fund, ADF, RSA or annuity provider name

2 Postal address

Suburb/town/locality

State/territory Postcode

3 Australian business number (ABN) or withholder payer number

4 Authorised contact person

Title: Family name

First given name

Other given names

5 Daytime phone number (include area code)

Section B: Member's details

6 Your full name

Title: Family name

First given name

Other given names

7 Current postal address

Suburb/town/locality

State/territory Postcode

8 Date of birth

Section C: Superannuation lump sum payment details

9 Lump sum payment is calculated to this date

10	Superannuation	lump sum	components
----	----------------	----------	------------

Taxable component

	Taxed element	\$
	Untaxed element	\$
	Tax-free component	\$
	Total amount	\$
11	Preservation amounts of	the superannuation lump sum
	Preserved amount	\$
	Restricted non-preserved	\$
	Unrestricted non-preserved	\$
	Total amount	\$

Section D: Superannuation provider's signature

- 12 Date the statement is issued to the member
- 13 Member is to return statement by
- 14 Superannuation fund's, ADF's, RSA's or annuity provider's signature

Date

PART 2 – MEMBER TO COMPLETE

Section E: Cash amount

1 Pay me a gross cash amount of: \$

I understand that this amount may be subject to tax.

You may wish to speak with a tax professional or your superannuation fund, ADF, RSA or annuity provider to make sure you are aware of your tax obligations and superannuation roll over options.

Section F: Rollover payment

- 2 Roll over my payment to: (provide the full name of fund, RSA or annuity provider)
- 3 Fund ABN
- 4 Superannuation fund, ADF, RSA or annuity provider postal address:

Suburb/town/locality

- 5 Member account number
- 6 Roll over an amount of: \$

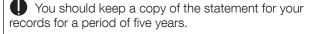
Section G: Member's declaration

I authorise my superannuation lump sum to be paid as instructed on this statement.

Name (print in block letters)

Signature

Date



Warning: This form has been designed to assist you to prepare the Australian Tax Office's Superannuation lump sum pre-payment statement. It cannot be lodged with the Australian Tax Office and should not be given to fund members.

State/territory Postcode